

The animals adopted from the DCAS may have been exposed to various diseases from proximity to other animals. In addition, the physical condition of some animals may be less than ideal due to conditions the animal may have endured before arriving at the shelter; consequently, there is some risk in adoption. The DCAS strives to carefully screen animals and to inform prospective adopters of any perceivable problems, however, some problems may not be evident to the DCAS at the time of adoption.

**Please understand that after adopting an animal from DCAS it is your responsibility to have it checked by your regular veterinarian within 5 days.**

The Davidson County Animal Shelter is legally not allowed to treat any sickness or disease after adoption, since we are not a licensed animal hospital.



## Adoption Application

Animal ID #: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home/Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency contact for animal:

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

### Housing style (check all that apply) Do you?

Own ( )      Rent ( )      Live with parents ( )      Apartment ( )      Rent to Own ( )  
Mobile Home ( )      Condo/Townhouse ( )      Military ( )      College Dorm ( )

### Please provide your landlord/apartment/parent information.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### FOR OFFICE USE ONLY

Landlord Approval      Date: \_\_\_\_\_      Staff Initial: \_\_\_\_\_

Notes: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Have you owned pets in the past/currently? ( ) Yes      ( ) No

My in-home family consists of: Adults # \_\_\_\_\_ Children # \_\_\_\_\_

### My yard is... (check all that apply)

Fenced in whole yard ( )      Fenced partial yard ( )      Invisible fence ( )  
Dog lot ( )      No fencing ( )      Chain ( )      Zipline/Cable ( )

### My new pet will be kept:

Inside ( )      Outside ( )      Both ( )

**Please list all pets that are currently in your home.**

Pets Name	M/F S/N?	Breed	Age	Where is the pet kept

**Who is your current veterinarian?**

Name and telephone number. \_\_\_\_\_

**Do you have the financial resources to care and provide for this animal?**

( ) Yes ( ) No

**Have you ever been convicted of animal cruelty or any crime involving animals?**

( ) Yes ( ) No

**Do you intend to use this animal for breeding or commercial purposes?**

( ) Yes ( ) No

\_\_\_\_\_

**Adoption guidelines:**

1. A photo ID is required for all adoptions.
2. Written or oral landlord approval is required for all adopters residing in a rental property.
3. All animals adopted will be given age appropriate vaccines and a microchip before leaving the shelter.
4. Any adoption may be approved or refused by a staff member.
5. No adoptions will be made to people known to hoard/collect animals, to individuals who are threatening, who appear to be under the influence of drugs or alcohol, who have been convicted of animal cruelty, or who appear to have impaired judgment.
6. All pets over the age of 4 months in the adoptee's home must be current on rabies vaccinations as required by North Carolina State Law.
7. Animals will not be adopted to homes where they will be placed on chains or zip lines.
8. Any individual who has previously surrendered a pet to an animal shelter may not be eligible to adopt an animal.